MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ 58 901 9	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3			/				53						
4				/			54						
5				/			55						
6				/			56						
7			/				57						
8				/			58						
9			/				59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18				①			68						
19				①			69						
20				①			70						
21			/				71						
22			/				72						
23				/			73						
24				/			74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29				/			79						
30				/			80						
31				/			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	14	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	17	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			31				TOTAL CLAIMS						